



## DIGHTON COUNCIL ON AGING

NOTE: THIS FORM IS TO BE USED BY ANY PERSON INTERESTED IN SERVING ON THE COUNCIL ON AGING IN THE TOWN OF DIGHTON

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

OTHER: \_\_\_\_\_

HOW LONG HAVE YOU RESIDED IN DIGHTON?: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PLEASE EXPLAIN BRIEFLY YOUR REASON FOR APPLYING FOR AN APPOINTMENT TO THE DIGHTON COUNCIL ON AGING:

WHAT SPECIAL TALENTS AND EXPERIENCES DO YOU POSSESS WHICH WOULD BE USEFUL TO THIS COMMITTEE? \_\_\_\_\_

WOULD YOU BE REPRESENTING ANY ORGANIZATION? \_\_\_\_\_ IF YES, WHICH ONE(S)? \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

PLEASE MAIL TO:  
DIGHTON COUNCIL ON AGING, 300 LINCOLN AVENUE, N. DIGHTON, MA 02764